Docket No. SF/0014.01

PTO/SB/06 (8-96)
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Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE on of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD SF/0014.01 OTHER THAN CLAIMS AS FILED - PART I **SMALL ENTITY** OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER FILED NUMBER EXTRA RATE RATE FEE FEE BASIC FEE \$ OR \$ (37 CFR 1.16(a) TOTAL CLAIMS minus 20 = 10 30 x \$ OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS 0 minus 3 = OR = (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = TOTAL OR **TOTAL** * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II **SMALL ENTITY** OR SMALL ENTITY (Column 1) (Column 3) (Column 2) W.3 **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE **TIONAL** RATE TIONAL AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total 29 30 0 0.00 Minus (37 CFR 1.16(c)) OR Independent *** 78.00 2 Minus 3 0 0.00 (37 CFR 1.16(b)) OR 260.00 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 0.00 OR TOTAL TOTAL OR 0.00 ADDIT. FEE (Column 1) (Column 2) (Column 3) ADDIT. FEE **CLAIMS HIGHEST** ADDI-ADDI-REMAINING PRESENT NUMBER **RATE TIONAL** TIONAL RATE **AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus = (37 CFR 1.16(c)) OR *** Independent Minus = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) = OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE AFTER **PREVIOUSLY EXTRA FEE** FEE AMENDMENT PAID FOR OR Total Minus = (37 CFR 1.16(c)) OR Independent *** = Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL 35 OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. PEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

